VZCZCXRO4668 OO RUEHCI DE RUEHKA #1838/01 3291310 ZNR UUUUU ZZH O 251310Z NOV 07 FM AMEMBASSY DHAKA TO RUEHC/SECSTATE WASHDC IMMEDIATE 5636 INFO RUEHKT/AMEMBASSY KATHMANDU 9380 RUEHCI/AMCONSUL KOLKATA 1021 RUEHNE/AMEMBASSY NEW DELHI 0309 RUEHGO/AMEMBASSY RANGOON 2606 RUEHLM/AMEMBASSY COLOMBO 8179 RUEHBK/AMEMBASSY BANGKOK 8267 RUEHIL/AMEMBASSY ISLAMABAD 1908 RUEHRO/AMEMBASSY ROME 0405 RUEHGV/USMISSION GENEVA 0586 RUCNDT/USMISSION USUN NEW YORK 0036 RUEKJCS/SECDEF WASHINGTON DC RUEKDIA/JOINT STAFF WASHINGTON DC RHHMUNA/USCINCPAC HONOLULU HI RHHMUNA/CDR USPACOM HONOLULU HI RHEHNSC/NSC WASHDC RUEKDIA/DIA WASHINGTON DC RUEAIIA/CIA WASHINGTON DC RUEATRS/DEPT OF TREASURY WASHINGTON DC

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DEPT FOR SES-O
DEPT FOR SCA/PB, SCA/EX
DCHA/OFDA FOR ROBERT THAYER
AID/W FOR AA MARK WARD AND ANE ANNE DIX
DCHA/FFP FOR MATTHEW NIMS AND PAUL NOVICK
ROME FOR FODAG
BANGKOK FOR RDM/A TOM DOLAN, ROB BARTON
KATHMANDU FOR USAID NFDA BILL BERGER AND SUE MCINTYRE
TREASURY FOR ELIZABETH WEISS AND SUSAN CHUN

E.O. 12958: N/A

TAGS: <u>EAID PREL ASEC CASC AMGT SOCI ECON PINR EAGR SENV</u>
BG

SUBJECT: USAID/OFDA Cyclone Sidr Situation Report #4: The Adverse Impact of Cyclone Sidr on Public Health

11. Summary. In response to Tropical Cyclone Sidr in Bangladesh, USAID deployed a Disaster Assistance Response Team (USAID/DART) to assess the humanitarian situation on the ground, provide recommendations on priority needs, and coordinate relief efforts with the U.S. Department of Defense, USAID/Bangladesh, and the U.S. Embassy in Dhaka. Through initial field assessments and participation in the U.N. health cluster meeting, the USAID/DART reports that emergency health interventions are prioritizet\$after food, water, sanitation, and hygiene, shelter, and livelihoods assistance. Although the healthcare system is generally weak in Bangladesh, Cyclone Sidr did not drastically disrupt the GOB's capacity to provide health services to affected populations. In addition, emergency preparedness activities undertaken by the GOB and international donors, such as the pre-positioning of medical staff and supplies, have assuaged the adverse impact of the cyclone on public health. Nevertheless, contaminated water sources and inadequate sanitation and hygiene conditions are potential factors for impending outbreaks of water-borne diseases. As such, the GOB and humanitarian responders should engage in outbreak preparedness activities, such as the stockpiling of oral rehydration solutions (ORS) and antibiotics. End Summary.

HUMANITARIAN CONDITIONS IN CYCLONE-AFFECTED AREAS

 $\underline{\$}2$ . On November 15, 2007, Tropical Cyclone Sidr made landfall in southern Bangladesh with winds of 155 miles per hour. Through

ongoing field assessments, the Government of Bangladesh (GOB) and humanitarian organizations are still collecting and analyzing information on populations affected by the cyclone. Heavy rains and resultant flooding from the storm damaged nearly 1.2 million homes, destroyed nearly 1.7 million acres of crops, and killed 3,033 people, according to the GOB's Disaster Management Bureau and the U.N. World Food Program as of Novem"uv 23. Victims of the cyclone also face pervasive challenges due to loss of livestock and household assets, as well as damage to educational institutions, roads, and embankments. Although the cyclone affected 31 districts throughout the country, it particularly devastated Barguna, Bagerhat, Patuakhali, and Pirojpur eistricts in the south.

USAID/DART INITIAL ASSESSMENT OF HEALTH SITUATION IN AFFECTED AREAS

¶3. In initial assessments of affected areas, the USAID/DART's water, sanitation, and hygiene advisor observed that Cyclone Sidr did not drastically weaken the healthcare system in Bangladesh. However, the USAID/DART advisor recommends that the GOB's Ministry of Health and Family Welfare (MOHFW) and humanitarian organizations engage in outbreak preparedness activities, as the potential for water—and vector—borne diseases remains highly likely. Since the healthcare system is generally weak, outbreaks of cholera and diarrhea may exceed the GOB's capacity to respond. The USAID/DART advisor indicated that the potential for outbreaks remains high until water systems are ensured. Disease surveillance and engaging in outbreak preparedness activities, such as stockpiling ORS and antibiotics, would help decrease the spread of water—borne diseases. [Note. The Humanitarian Assistance Survey Team (HAST) has also deployed teams to assess the health situation and these findings will be reported separately. End note.]

DHAKA 00001838 002 OF 003

## HUMANITARIAN NEEDS IN THE HEALTH SECTOR

- 14. On November 25, members from the USAID/DART attended the U.N. Disaster Emergency Response (DER) health cluster meeting chaired by the U.N. World Health Organization (WHO). During this coordination meeting, GOB officials, international donors, the U.N., and non-governmental organizations (NGOs) engaged in the health sector discussed the public health situation resulting from Cyclone Sidr. The MOHFW reported that the cyclone has negatively impacted public health in Khulna, Bagerhat, Satkhira, Barisal, Barguna, Patuakhali, Pirojpur, Jhalokati, and Bhola districts. Affected residents face various potential public health challenges, including acute respiratory infections and increased incidents of water- and vector-borne diseases. In response to the cyclone, the MOHFW deployed 599 doctors, 23 supervisory physicians, and 691 medical teams comprising doctors, medical assistance, and paramedics to affected areas. The Bangladesh army also deployed medical teams to assist populations affected by the cyclone.
- 15. GOB and WHO health officials reported that water quality assurance is a priority humanitarian need to mitigate the adverse impact of the cyclone on public health. Accrding to the U.N. initial rapid assessment team, approximately 1.2 million people are in need of immediate drinking water. Water purification glays a vital role in disaster response, as safe drinking water helps prevent diarrhea and othe2 water-borne diseases such `s cholera. Tom reduce the likelilood of water-borne disease, USAID/OFDA is airlifting four add)dional water purification units and four water containers from the USAID/OFDA warehouse in Dubai. The emergency relief supplies are scheduled to arrive in Dhaka on or around November 26.
- 16. Also linked to health interventions, sanitation needs are considerable in cyclone-affected areas. The U.N. rapid assessment team estimated that 1.3 million people are in vital need of sanitation assistance. Families will inevitably need support constructing latrines, as storm surge from the cyclone damaged or destroyed nearly 1.2 million homes, according to the GOB. Likewise,

hygiene promotion is integral in confronting public health challenges that may arise due to the cyclone. The USAID/DART's water, sanitation, and hygiene advisor is currently assessing humanitarian conditions in cyclone-affected areas and will provide further recommendations for\$USAID/OFDA response.

17. Although immediate health needs are generally being met, MOHFW officials reported the need to replenish buffer stock, acquire additional medical equipment, and reconstruct damaged health facilities. The U.N. rapid assessment team identified approximately 523,000 people in need of medicine and medical services. Additional health needs include advocacy training, health education on the use of safe drinking water and personal hygiene, and information coordination and management.

USAID/DART RECOMMENDATIONS ON HEALTH INTERVENTIONS

18. Through initial field assessments and participation in the U.N.

DHAKA 00001838 003 OF 003

health cluster meeting, the USAID/DART reports that emergency health interventions are a lesser priority than other humanitarian needs in responding to the cyclone. Primary response drugs are reaching affected populations, and the GOB does not report a lack of medical staff assisting cyclone-affected populations. Safe drinking water and sanitation and hygiene promotion will improve the public health situation for populations in southern Bangladesh affected by the cyclone.

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